



**State of Arizona  
Board Of Technical Registration**

1110 W. Washington, Suite 240  
Phoenix, Arizona 85007 <https://btr.az.gov>  
(602) 364-4930 FAX: (602) 364-4931

**Alarm Agent Renewal Form**

Renewal Fee \$130.00

Fingerprint Fee \$42.00

**All areas of this form must be completed renewal will  
be returned and may result in penalty fees being added.**

**Please complete the following:**

<b>Employer:</b>	<b>Home:</b>
Name: _____	Name: _____
Email: _____	Email: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____

**Please Return This Renewal Form With Your Payment For:**

Registration No: _____	Renewal Fee : _____ \$ 130.00
Current Expiration Date: _____	Fingerprint Fee : _____ \$ 42.00
Any renewal fee received after the expiration date shown will be subject to a penalty fee. The penalty fee is \$21.68 during the first 12 months of delinquency.	Penalty : _____
	Total Submitted : _____ \$ 172.00

**Questions to be completed by all registrants:**

If the answer to any of the following questions is "**Yes**," please attach a detailed explanatory statement (use additional sheets if necessary) *and related official documentation*. **Since your last renewal:**

1. Have you been refused or denied any registration, certification, license or permit in any state or jurisdiction? Yes ☐ No ☐
2. Has any registration, certification, license or permit of yours been cancelled, suspended or revoked in any state or jurisdiction? Yes ☐ No ☐
3. Have you been the subject of professional disciplinary action, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? Yes ☐ No ☐
4. Have you been the subject of any type of action by a regulatory agency, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? Yes ☐ No ☐
5. Have you been known by a name or names other than the one shown on this application? If "yes," please state the name(s) \_\_\_\_\_ Yes ☐ No ☐
6. Have you been convicted of a misdemeanor other than a minor traffic violation? ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas **MUST** be reported.) Yes ☐ No ☐  
**Note:** Alcohol and drug-related offenses that occur when driving or riding in an automobile (i.e., DUI, DWI, OWI, etc) are NOT considered minor traffic violations
7. Have you been convicted of a felony? If "yes", you must have obtained an absolute Discharge from the court at least five years before submitting this application to the Board ("Set aside" or "expunged" convictions and "no contest" or "nolo contendere" pleas **MUST** be reported.) Yes ☐ No ☐

I certify the information contained in this application is accurate, true and complete to the best of my knowledge.

**Making a false unsworn statement is a misdemeanor punishable by fine or imprisonment. A.R.S. 13-2704.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Interoffice Use Only**

Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_

## ALARM AGENT RENWEAL CERTIFICATION CHECKLIST

**Please ensure you have all items before submitting your application.  
If any items are missing, your application will be returned.**

Applicant Name: \_\_\_\_\_

\_\_\_\_\_ Completed renewal form, all questions answered, signed and dated.

\_\_\_\_\_ One current 2-inch by 2inch photograph.

\_\_\_\_\_ One (1) completed fingerprint card. (sealed in envelope)

\_\_\_\_\_ One (1) completed Fingerprint Verification form. (sealed in envelope)

\_\_\_\_\_ A signed check in amount of \$172.00 made payable to the "Arizona Board of Technical Registration".



**State of Arizona  
Board of Technical Registration**

1110 W. Washington, Suite 240 Phoenix, Arizona 85007  
(602) 364-4930 FAX: (602) 364-4931 www.btr.az.gov

**Fingerprint Verification Form**

**Attention Fingerprint Technician:**

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all of the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. Do not give the applicant the card without first sealing it inside the envelope.

PRINT the following information:

<b>Date:</b>	<b>Name of Applicant:</b>
<b>Name of Fingerprint Technician (PRINT):</b>	
<b>Fingerprint Technician's Agency/Company Name:</b>	
<b>Type of Photo ID provided (Check One):</b>  <input type="checkbox"/> Driver's License/MVD Issued ID  <input type="checkbox"/> Passport  <input type="checkbox"/> Other (Please specify): _	